Secretary of State Office 500 E Capitol Ave Pierre, SD 57501 (605)773-4845

returned payments.

APPLICATION FOR REINSTATEMENT OF A

DOMESTIC LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: \$125 and \$50 for EACH delinquent Annual Report payable to SECRETARY OF STATE

Telephone #	
FAX #	

	FAX #
Pursuant to SDCL 48-7A-1003, the following Domestic L	Limited Liability Partnership applies for reinstatement.
. The name of the partnership is	
Note: This must be the exact limited liability partnership no	ame.
2. The effective date of its revocation	
	cation has been revoked may apply to the in two years after the effective date of the
. State that the ground or grounds for revocation either reports and paying all fees and penalties.	er did not exist, or have been eliminated by filing all required
. Attached hereto are ALL delinquent annual rep	ports and filing fees.
he application must be signed by a partner.	
Dated	
	(Signature of a Partner)
By signing this form, you agree to have both the fee and the form	(Printed Name)
processed electronically. A fee of	(Title)
up to \$40 will be assessed for	·/

domesticIlpreinstartment April 2012